

IN THE UNITED STATES DISTRICT COURT FOR THE
WESTERN DISTRICT OF TENNESSEE
WESTERN DIVISION

THOMAS M. GOULD
CLERK U.S. DISTRICT COURT
WESTERN DISTRICT OF TENNESSEE

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RECEIVED

Tommy Daskell, LEE

(Enter above the full name of the plaintiff
or plaintiffs in this action.)

VS.

Shelby County Division
OF Corrections
Medical Department

(Enter above the full name of the defendant
or defendants in this action.)

COMPLAINT FOR VIOLATION OF CIVIL RIGHTS UNDER 42 U.S.C., §1983

I. Previous Lawsuits

A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action or otherwise relating to your imprisonment? Yes () No (☒)

B. If your answer to A is yes, describe each lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline.)

1. Parties to this previous lawsuit

Plaintiffs: N/A

Defendants: N/A

2. Court (if federal court, name the district; if state court, name the county):

3. Docket Number: N/A

4. Name of judge to whom case was assigned: N/A

5. Disposition (for example: Was the case dismissed? Was it appealed? Is it still pending?)

6. Approximate date of filing lawsuit: N/A

7. Approximate date of disposition: N/A

II. Place of Present Confinement: Shelby County Division of Corrections
A. Is there a prisoner grievance procedure in the institution?

Yes ☒ No ☐

B. Did you present the facts relating to your complaint in the state prisoner grievance procedure?

Yes ☒ No ☐

C. If your answer is Yes:

1. What steps did you take? Submitted Medical request and grievance form for not properly providing medical treatment and assistance
2. What was the result? In Response, I was told that repetitive complaints weren't grievable and for me to submit request for medical attention again

D. If your answer is No, explain why not: N/A

III. Parties

(In item A below, place your name in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.)

A. Name of Plaintiff Tommy Lee Driskell

Address 1045 Mullin Station Rd Memphis TN 38134

(In item B below, place the full name of the defendant in the first blank, his official position in the second blank, and his and his place of employment in the third blank. Use Item C for the names, positions, and places of employment of an additional defendants.)

B. Defendant City of Memphis, SCDC Staff is employed as SCDC Medical Department, Ronald Ashton "MD" at

C. Additional Defendants: N/A

IV. Statement of Claim

State here as briefly as possible the facts of your case. Describe how each defendant is involved. Include also the names of other persons involved, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Use as much space as you need. Attach extra sheet if necessary.

I submitted medical request due to medical condition and was referred to SCDC Medical Bldg and seen by Ron Ashton and referred to Out side Medical Oct 2, 2019 and was never assisted on getting the proper medical attention that was needed regarding my condition. More grievances were filed and I was told that, "By the grievance Response that I refused treatment and my grievance has no merits, but still I haven't been to outside medical, so how is it possible for me to refuse what wasn't given. Yet and still I'm sitting and suffering from Lack of medical attention and assistance. And every medical Request I'm told to submit will result in Funds being taken off my account, which I shouldn't have to submit any more. SCDC should've gotten me where I need to be so I wouldn't be suffering

V. Relief

State briefly exactly what you want the court to do for you. Make no legal arguments.
Cite no cases or statutes.

Make those responsible "pay" for my pain & suffering, emotional distress for being negligent and unusual regarding my treatment. And to also get me the proper medical treatment required to assist me in my conditions. I've asked for help over and over.

VI. Jury Demand

I would like to have my case tried by a jury. Yes () No (X)

I (We) hereby certify under penalty of perjury that the above complaint is true to the best of our information, knowledge, and belief.

Signed this 19th day of November, 20 19.

Mr Jimmy Dinkell

(Signature of Plaintiff/Plaintiffs)